The translation of the translati	GSA No. 0245-EPA-OT					
SEPA NOTIFICATION OF HAZARDOUS WASTE ACTIVITY	212) 2644-9882					
INSTALLA- TION'S EPA I.D. NO.	INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information					
I. STALLATION	in the appropriate section below. If the label is complete and correct, leave Items I, II, and III					
II. MAILING ADDRESS PLACE LABEL IN THIS SPACE	below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFI-					
LOCATION III OF INSTAL-	CATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).					
FOR OFFICIAL USE ONLY						
COMMENTS	At 1919 The State of the State					
C						
INSTALLATION'S EPA I.D. NUMBER APPROVED DATE RECEIVED (yr., mo., & day)						
FNJD06751747474						
I. NAME OF INSTALLATION						
GARY'S AUTO BODY INC						
II. INSTALLATION MAILING ADDRESS	7 - Gy. 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7					
STREET OR P.O. BOX	out and year colons subcased not belong that you constrain					
3 3 3 5 H 1 G H STREET	44.					
CITY OR TOWN ST. Z	P CODE					
40RANGE NJ07050						
III. LOCATION OF INSTALLATION	- 31					
STREET OR ROUTE NUMBER 5 3 3 5 H L G H STREET	I real					
CITY OR TOWN ST. ZI	P CODE L D 8 013					
IV. INSTALLATION CONTACT	- 51					
NAME AND TITLE (last, first, & job title)	PHONE NO. (area code & no.)					
2 / / / / / / / / / / / / / / / / / / /	43 45 46 43 51 52 53					
A. NAME OF INSTALLATION'S LEGAL OWNER						
86ARY FALETTO						
(enter the appropriate letter into box) VI. TYPE OF HAZARDOUS WASTE ACTIVITY (e						
M = NON-EEDERAL	TRANSPORTATION (complete item VII) UNDERGROUND INJECTION					
VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate	box(es))					
A. AIR B. RAIL C. HIGHWAY D. WATER SE. OTHER (specify):						
VIII. FIRST OR SUBSEQUENT NOTIFICATION						
Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.						
A. FIRST NOTIFICATION B. SUBSEQUENT NOTIFICATION (complete ite	C. INSTALLATION'S EPA I.D. NO.					
IX. DESCRIPTION OF HAZARDOUS WASTES	Accepted to the second second					
Please go to the reverse of this form and provide the requested information.						

and a reage of all the late of the Late	er aut no po participation.		W		
IX. DESCRIPTION OF H	AZARDOUS WASTES	continued from front	() - () () () () () () ()		13 14 15
A. HAZARDOUS WASTES		RCES. Enter the four-	-digit number from 40	CFR Part 261.31 for each	h listed hazardous
Corresponding to the second	2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	en days being	F1994 5 75 111	6 4 4 4 4
23 - 26		23 26 () 4 = -	23 26	23 - 16	23 - 26
7	8	9	10	11	12
23 - 14					
B. HAZARDOUS WASTES F	ROM SPECIFIC SOURCES. your installation handles. Us	Enter the four-digit ne additional sheets if ne	umber from 40 CFR Pacessary.	irt 261.32 for each listed	hazardous waste from
13	14	15	16	17	18
23 - 24	23 14	15	257 26	23 28	23 - 26
19	20	21	22	23	2.4
25	25	27	28	29	30
	TIT		TRUNCHAR	4 C 18 5	0 1 500
100, 20 25 26 4 27	£0 ÷ 34	25 26	23 24	23 26	23 26
C. COMMERCIAL CHEMICA stance your installation ha	AL PRODUCT HAZARDOUS andles which may be a hazard	S WASTES. Enter the four waste. Use addition	our—digit number from nal sheets if necessary.	40 CFR Part 261.33 for	each chemical sub-
31	32	33	34	35	36
25 - 26	23 - 26		-148	7 8 8 9	
37	38	39	40	41	42
A ALL LONG TO SERVICE STATE OF THE PARTY OF					
23 - 26	15 16	25 .	27 ~ 26	23 - 2 - 26	75
43	44	45	46	47	48
	the state of the s				
D. LISTED INFECTIOUS WA	ASTES Enter the four-digit		Part 261 34 for each lie	tad barasdous wasta from	n hospitale versions
hospitals, medical and rese	earch laboratories your install	ation handles. Use addi	tional sheets if necessar	y.	i nospitais, vetermary
49	50	51	52	53	54 124
		A 64 A 1 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1		711 92 44 5 - 5 - 6	
E. CHARACTERISTICS OF hazardous wastes your inst	NON-LISTED HAZARDOU allation handles. (See 40 CF	S WASTES. Mark "X" R Parts 261 21 - 261 2	in the boxes correspond		s of non-listed
XI. IGNITABI		ORROSIVE	3. REACTIVE	E	4. TOXIC
X. CERTIFICATION	State of the same of the same				
I certify under penalty attached documents, and I believe that the submi	of law that I have person that based on my inquited information is true, including the possibility	iry of those individu accurate, and compl	als immediately respected in the second second in the second seco	consible for obtaining	the information
SIGNATURE	1	NAME & OFFICIAL	L TITLE (type or print)	DA	TE SIGNED
- Hay 1. to	lette	GARY:	S FALE TIG	pres. 2	6-20-84
EPA Form 8700-12 (6-80) F	EVERSE		ELECTRONIC ROPE	DIETON III	

Send to:
EPA Region 11, Information Service Center
26 Federal Place
New York, NY 10007